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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------|-----------------------------|--------------------------|
| <b>AMENDMENT TRANSMITTAL LETTER</b>                                                                                                                                                    |                                   |                                |                             | Docket No.<br>0259-0417P |
| Application No.<br>10/663,198-Conf. #001390                                                                                                                                            | Filing Date<br>September 15, 2003 | Examiner<br>I. Marx            | Art Unit<br>1651            |                          |
| Applicant(s): Guenter KIRSCHNER et al.                                                                                                                                                 |                                   |                                |                             |                          |
| Invention: PROCEDURE FOR THE PREPARATION OF PURE PHOSPHATIDES AND THEIR USE IN<br>THE COSMETIC, PHARMACEUTICAL AND ALIMENTARY FIELDS                                                   |                                   |                                |                             |                          |
| <b>MS Amendment</b><br><b>Commissioner for Patents</b><br><b>P.O. Box 1450</b><br><b>Alexandria, VA 22313-1450</b>                                                                     |                                   |                                |                             |                          |
| Transmitted herewith is an amendment in the above-identified application.<br>The fee has been calculated and is transmitted as shown below.                                            |                                   |                                |                             |                          |
| <b>CLAIMS AS AMENDED</b>                                                                                                                                                               |                                   |                                |                             |                          |
| Total Claims                                                                                                                                                                           | Claims Remaining After Amendment  | Highest Number Previously Paid | Number Extra Claims Present | Rate                     |
| 26                                                                                                                                                                                     | - 23 =                            | 3                              | x \$50                      | \$150                    |
| Independent Claims                                                                                                                                                                     | 7                                 | - 7 =                          | 0                           | x \$200                  |
| Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/>                                                                                                    |                                   |                                |                             |                          |
| Other fee (please specify):                                                                                                                                                            |                                   |                                |                             |                          |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>                                                                                                                                        |                                   |                                |                             | \$150.00                 |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity                                                                                                 |                                   |                                |                             |                          |
| <input type="checkbox"/> No additional fee is required for this amendment.                                                                                                             |                                   |                                |                             |                          |
| <input checked="" type="checkbox"/> Please charge Deposit Account No. 02-2448 in the amount of \$ 150.00 .<br>A duplicate copy of this sheet is enclosed.                              |                                   |                                |                             |                          |
| <input type="checkbox"/> A check in the amount of \$ _____ is enclosed.                                                                                                                |                                   |                                |                             |                          |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.                                                                                                            |                                   |                                |                             |                          |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed. |                                   |                                |                             |                          |
| <input checked="" type="checkbox"/> Credit any overpayment.                                                                                                                            |                                   |                                |                             |                          |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.                                                   |                                   |                                |                             |                          |
| <br>Leonard R. Svensson<br>Attorney Reg. No.: 30,330                                                |                                   |                                |                             |                          |
| Dated: October 19, 2006                                                                                                                                                                |                                   |                                |                             |                          |
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